

Norridge Police Department

Accident Review Board

Date assigned	Member	Present	Excused	Unexcused
5/1/2003	Sgt.Orlando	x		
5/1/2003	Sgt. Schober	x		
12/1/2012	Off. Turano	x		
5/1/2003	Off. Malicki	x		

Review Date: 05/19/2016

M/V Crash: 16-05373

Officer: Probationary A/O Rein#47

Squad #508

1.Classification1.

- a.The incident was NON-PREVENTABLE and the employee was not at fault. Caution was apparently excercised.
- b.The employee was legally parked or standing.
- c.The employee was aware of the impending hazard,was alert to the consequences and skillful in minimizing the effect of the hazard.
- d.In incidents the board resolves to be Classification I,no disciplinary action will be taken.

2.Classification II.

- a.The employee failed to exercise reasonable and due care.
- b.The employee deviated inexcusably from Dept. Rules and Regulations,Procedures and/or General Safety Practices.
procedures and/or general safety practices.
- c.In incidents the board resolves to be Classification II,disciplinary action recommended may be:
 - (i) For the very first incident of record for the employee in a rolling 24 month period, a letter of reprimand will be issued and attendance and successful completion of a "Defensive Driving Course may be ordered.Only one letter of reprimand may be issued during the 24 month period in which the incident occurred.
 - (ii)For a second Classification II finding by the board in the 24 month period a 2 day suspension without pay shall be imposed.
 - (iii)For a third Classificaton II finding by the board in a 24 month period,a 3 day suspension without pay shall be imposed.

Recommendation: The board unanimously agreed 2a. A/O Rein struck a parked motorcycle.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 7 Sheets



P0113

U130288651

DRAC	1	9	PEDV	1	1	2	16	1	2	1	1	1	4	9	1	21	99	9											
U1	U2	U1	U2	U1	U2	U1	U2	U1	U2	U1	U2	U1	U2	U1	U2	U1	U2	U1											
INVESTIGATING AGENCY NORRIDGE						DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input checked="" type="checkbox"/> OVER \$1,500			TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED			<input checked="" type="checkbox"/> A No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due To Crash			AGENCY CRASH REPORT NO. YR 16 5373			TRFW 1											
ADDRESS NO. 4500			HIGHWAY or STREET NAME OZANAM Ave						<input checked="" type="checkbox"/> City NORRIDGE <input type="checkbox"/> Township			INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DATE OF CRASH mo 05 / day 13 / yr 16		TIME 8:39 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		LARS CODE 77800 OZM		VEHT U1									
<input type="checkbox"/> (CIRCLE) FT / MI N E S W <input checked="" type="checkbox"/> AT INTERSECTION WITH			<input type="checkbox"/> (CIRCLE) Summit Ave (NAME OF INTERSECTION OR ROAD FEATURE)						COUNTY COOK			PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DOORING WITH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		NUMBER MOTOR VEHICLES INVOLVED 2		LARS CODE 84500 SNS		VEHT U2									
NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV REIN, JOHN F			DATE OF BIRTH [REDACTED]			MAKE Chery Impala			MODEL 07			YEAR 07			CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 2			FRONT 2			TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			NO LANS 2					
STREET ADDRESS [REDACTED]			SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> AIR M 24			PLATE NO. 3469 MP IL			STATE IL			YEAR 17			10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 2			7 9			FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			ALGN 1					
CITY [REDACTED]			STATE IL			ZIP [REDACTED]			INJURY 0			EJECT 1			VIN 2G1WS55R77940638			8 5			CELLPHONE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			RSUR 2					
TELEPHONE (708) 453 4770			DRIVER LICENSE NO. [REDACTED]			STATE IL			CLASS D			VEHICLE OWNER (LAST, FIRST MI) Village of Norridge 708 453 4770			INSURANCE CO. Underwriters at Lloyd			9 4			EXCEED SPEED LIMIT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			VEHU U1					
TAKEN TO N/A			EMS AGENCY N/A			OWNER ADDRESS (STREET, CITY, STATE, ZIP) 4020 W. Oak H Norridge IL 60066			TELEPHONE [REDACTED]			POLICY NO. B6P10005404			10 6			COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			* IF YES SEE SIDEBAR			U2 2					
NAME <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV MURPHY, GRIFFIN D.			DATE OF BIRTH [REDACTED]			MAKE Cher Honda Motorcycle			MODEL 16			YEAR 17			CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 678			FRONT 3			TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			U2 2					
STREET ADDRESS N. [REDACTED] Ave			SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> AIR M 17			PLATE NO. [REDACTED]			STATE IL			YEAR 17			10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 678			7 1			FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			RDEF 2					
CITY [REDACTED]			STATE IL			ZIP [REDACTED]			INJURY -			EJECT -			VIN [REDACTED]			8 6			CELLPHONE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			BAC 96					
TELEPHONE 224 [REDACTED]			DRIVER LICENSE NO. [REDACTED]			STATE IL			CLASS D			VEHICLE OWNER (LAST, FIRST MI) [REDACTED]			INSURANCE CO. NONE			9 6			EXCEED SPEED LIMIT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			U1 96					
TAKEN TO N/A			EMS AGENCY N/A			OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]			TELEPHONE [REDACTED]			POLICY NO. -			10 6			COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			* IF YES SEE SIDEBAR			U2 96					
PASSENGERS & WITNESSES ONLY			(NAME) / (ADDR) / (TEL)			(HOSP)			(EMS)			U1 0			U2 5			DIRP 7			U2 7								
DAMAGED PROPERTY OWNER NAME			DAMAGED PROPERTY			CONTRIBUTORY CAUSE(S)			POSTED SPEED LIMIT			DID CRASH OCCUR IN A WORK ZONE? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			IF YES CHECK ONE BELOW <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> UTILITY <input checked="" type="checkbox"/> UNKNOWN WORK ZONE TYPE			WORKERS PRESENT? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N											
PROPERTY OWNER ADDRESS			CITY			STATE			ZIP			PRIMARY 10			SECONDARY 11			DATE POLICE NOTIFIED mo 05 / day 13 / yr 16			TIME NOTIFIED 8:39 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM			COURT DATE mo / day / yr			COURT TIME <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
ARREST NAME			SECTION			CITATION NO.			OFFICER ID. 38			SIGNATURE A. Sandoz			BEAT / DIST. 1			SUPERVISOR ID. 109			COURT DATE mo / day / yr			COURT TIME <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM			COURT TIME <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		

COPY

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

U130288651

A Diagram and Narrative are required on all **Type B** crashes, even if units have been moved prior to the officer's arrival.

4500 OZANAM

SUNNYSIDE Ave.



INDICATE NORTH BY ARROW

OZANAM Ave

4504 N.
OZANAM

Not to scale

NARRATIVE (Refer to vehicle by Unit No.)

In summary: Unit 2 parked facing West in front of 4504 N. OZANAM Ave. Unit 1 was traveling S/B OZANAM Ave. Unit 1's windshield fogged up. Unit 1's P/S front bumper made contact with Unit 2's right side, causing Unit 2 to fall on its left side. Unit 2 received damage to the left side, Unit 1 received damage to the P/S front bumper.

LOCAL USE ONLY

U1 Color

White

U2 Color

Orange

U1 Towed by / to

N/A

U2 Towed by / to

N/A

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____

ILCC NO. _____

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR) _____

Were HAZMAT placards displayed on the vehicle? ☐ Y ☐ N

If yes, name on placard _____

4-digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? ☐ Y ☐ N ☐ UNKDid HAZMAT Regulations violation contribute to the crash? ☐ Y ☐ N ☐ UNKDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash? ☐ Y ☐ N ☐ UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ NMCS ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ N

Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD? ☐ Y ☐ N

TRAILER WIDTH(S): 0-96" 97-102" >102"

TRAILER 1 ☐ ☐ ☐TRAILER 2 ☐ ☐ ☐

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____